

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK  
SEX OFFENDER RESIDENCE VERIFICATION

**INSTRUCTIONS:** Please print legibly. Attach copy of identification used to verify sex offender.

**PART A**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

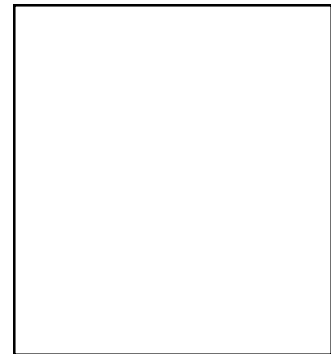
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Business Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Type of I.D. ☐ Drivers License  
(Attach copy) ☐ Other (specify) \_\_\_\_\_

**The information contained in this instrument is true; I understand that in compliance with Correction Law Section 168-F of the State of New York, that I must personally verify my place of residence with the local law enforcement agency every ninety (90) days and that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.**



RIGHT THUMB PRINT

Signature \_\_\_\_\_

**PART B**

**FOR USE BY RECORDS BUREAU ONLY**

Date \_\_\_\_\_

Next Appointment Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

Member: Rank \_\_\_\_\_ Name \_\_\_\_\_ Serial No. \_\_\_\_\_

**PART C**

**FOR USE BY SEX CRIME SQUAD ONLY**

Date Received \_\_\_\_\_

Violation: ☐ Yes ☐ No

Member: Rank \_\_\_\_\_ Name \_\_\_\_\_ Serial No. \_\_\_\_\_